



# CHAIRMAN OF THE JOINT CHIEFS OF STAFF INSTRUCTION

J-5

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CJCSI 4220.01

7 November 2014

## POST-DEPLOYMENT POLICY FOR 21-DAY CONTROLLED MONITORING OF DOD SERVICE MEMBERS, CIVILIANS, AND CONTRACTORS RETURNING FROM EBOLA VIRUS DISEASE OUTBREAK AREAS IN WEST AFRICA AND CONUS

### Reference(s):

- a. CJCS Action Memorandum to SecDef, "21-Day Controlled Area Monitoring by the Services," 28 October 2014
  - b. SecDef Memorandum to CJCS, "21-Day Controlled Monitoring by the Services," 29 October 2014
  - c. SecDef Memorandum to Under Secretaries of Defense, "Pre-Deployment, Deployment, and Post-Deployment Training, Screening, and Monitoring Guidance for Department of Defense Personnel Deployed to Ebola Outbreak Areas-Change 1," 31 October 2014.
  - d. Centers for Disease Control and Prevention Interim U.S. Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure, 27 October 2014.
1. Purpose. In accordance with references a thru d, this instruction provides policy and guidance for the Services in the conduct of 21-day controlled monitoring of Service members returning from Ebola virus disease (EVD) outbreak area in West Africa.
  2. Superseded/Cancellation. None
  3. Applicability. This instruction applies to:
    - a. All Department of Defense (DoD) Service members who are assigned, deployed, or transited through the Ebola virus disease (EVD) outbreak area in West Africa as declared by the Centers for Disease Control and Prevention

(CDC) and DoD Service members exposed to EVD asymptomatic or symptomatic persons within CONUS.

b. This instruction also applies to DoD civilian employees and contractors who are assigned, deployed, or transited through the EVD outbreak area who choose to participate in controlled monitoring,

4. Policy. DoD Service members, including active, Reserve, and National Guard, will undergo a program of 21 days of controlled monitoring in a controlled monitoring area upon returning from deployment to, transitioning through, or having been stationed in the EVD outbreak area in West Africa as declared by the CDC (to include Service personnel assigned to United Nations mission or to U.S. Embassies in the EVD outbreak area) or exposed to EVD asymptomatic or symptomatic persons within CONUS.

5. Definitions

a. Batching. The gathering and organizing of all DoD uniformed Service personnel, including active duty, Reserve, National Guard, and volunteering civilians redeploying from the EVD outbreak area in order to facilitate controlled movement to a continental United States (CONUS) or outside continental United States (OCONUS) controlled monitoring installation.

b. Cohort. Imposed grouping of DoD Service members, including active duty, Reserve, National Guard, and volunteering civilians redeploying from the EVD outbreak area for the purpose of controlled monitoring. Cohort is determined by time of entry into controlled monitoring and location of controlled monitoring area.

c. Controlled Monitoring. The process by which a trained healthcare professional directly observes the Service members and monitors their twice-daily temperature checks and evaluates daily for symptoms consistent with EVD in an area established by the installation commander and due to operational requirements. During controlled monitoring, Service members are prohibited from having physical contact with family members and the general population.

d. Controlled Monitoring Area (CMA). A portion of an installation specifically designated for the housing and controlled monitoring of Service members returning from the EVD outbreak area that meets the controlled monitoring area standards contained in this instruction.

e. Controlled Monitoring Area Commander. Officer designated by the controlled monitoring installation commander to command the CMA.



f. Controlled Monitoring Installation. DoD facility where a CMA has been established in accordance with this instruction.

g. Controlled Monitoring Installation Commander. Commander of the installation where a CMA is located.

h. Controlled Movement. Process by which all personnel subject to this instruction are transferred from the EVD outbreak area to their final Controlled Monitoring Installation. To the greatest extent possible, this movement will utilize DoD airlift, DoD-contracted airlift, and DoD arranged ground transport. DoD will arrange for capability to provide Controlled Monitoring during all phases of movement.

i. DoD Contractor: A person performing services pursuant to a DoD contract. This policy only pertains to DoD contractors who normally reside in the United States.

j. Ebola Virus Disease (EVD) Outbreak Area: Countries designated by the Centers for Disease Control and Prevention experiencing widespread transmission of EVD (as of 4 November 2014, this includes Liberia, Guinea, and Sierra Leone) and any potential CONUS location as a result of EVD transmissions.

k. Self Monitoring: Twice daily monitoring by personnel who are not required to enter controlled monitoring due to exceptions for transient status and emergency leave personnel. These personnel must still report monitoring results and immediately report to a medical treatment facility upon presentation of EVD symptoms.

l. Service Member: Includes active and reserve military members, and members of the National Guard in federal service.

## 6. Responsibilities

a. Commander, U.S. Africa Command (USAFRICOM) in coordination with Commander, U.S. Transportation Command (USTRANSCOM), Commander, U.S. European Command (USEUCOM), and Commander, Joint Force Command-UNITED ASSISTANCE, will batch and coordinate the re-deployment of all Service members re-deploying from the EVD outbreak area, including all active, Reserve, and National Guard members not assigned to OUA, for controlled movement to a CONUS or OCONUS controlled monitoring installation via controlled movement.

b. Commander, U.S. Northern Command (USNORTHCOM) in coordination with Commander, USTRANSCOM and the Service Chiefs will batch and

coordinate the re-deployment of Service members re-deploying from any potential EVD outbreak area in CONUS, including active, Reserve, and National Guard members, for controlled movement to a CONUS controlled monitoring installation via controlled movement.

c. Commander, USEUCOM, will coordinate all host-nation agreements required to establish CMAs in the USEUCOM AOR to support redeployment of USAFRICOM and USEUCOM assigned forces to their home station.

(1) For Service members assigned and returning to OCONUS duty stations, every effort will be made to facilitate 21-day controlled monitoring at an OCONUS controlled monitoring installation in accordance with host-nation policies and facility capacities.

(2) If unable to accommodate, Service members will return to a CONUS controlled monitoring installation to complete their 21-day controlled monitoring before returning to their assigned OCONUS duty station.

d. Approved DoD controlled monitoring installations include:

- (1) Fort Bliss, El Paso, TX
- (2) Joint Base Langley-Eustis, Hampton, VA
- (3) Fort Hood, Killeen, TX
- (4) Fort Bragg, Fayetteville, NC
- (5) Joint Base Lewis-McChord, WA
- (6) USAG Baumholder, Germany (pending host-nation approval)
- (7) Caserma Del Din, Vicenza, Italy (pending host-nation approval)

e. In the event a controlled movement flight cannot land at its intended control monitoring installation and has to divert, Services will make contingency arrangements at the divert location to temporarily accommodate the Service members undergoing controlled movement. The originally intended controlled monitoring installation commander, in coordination with USTRANSCOM, will make arrangements for follow-on controlled movement to the originally intended controlled monitoring installation.

f. A Service member's 21-day controlled monitoring period starts immediately upon departing the EVD outbreak area and ends at 0800L on the twenty-second day of controlled monitoring.

g. Command Relationships:

(1) The individual Services will maintain administrative control of their Service members returning to CONUS controlled monitoring installations.

(2) The Geographic Combatant Commanders (GCC) will maintain OPCON for OCONUS forces returning to OCONUS-controlled monitoring installations.

(3) The controlled monitoring installation commander acts as the coordinating authority and will provide direct support to Service administrative liaison elements and personnel during their 21-day controlled monitoring period.

(4) As required, the Services will deploy an administrative liaison element to the controlled monitoring installations to facilitate Service-specific administrative tasks such as: emergency leave, orders, Uniform Code of Military Justice administration, follow-on travel arrangements, pay issues, etc.

h. The controlled monitoring installation commander is responsible for the local movement, reception, and in-processing of Service members into the CMA.

i. Upon in-processing, the CMA commander will ensure Service members are segregated into cohorts, remain in their designated cohort, and to the max extent possible, remain segregated from other cohorts until the end of their 21-day controlled monitoring period.

j. The CMA commander controls all access to the CMA and will ensure Service members have no physical contact with family members and the general population.

k. The controlled monitoring installation commander will provide health care, quality of life service and support, and facility maintenance support for the CMA.

(1) Health care, quality of life service and support, and facility maintenance personnel are allowed to transit the CMA and are not included as part of the monitored population.



(2) The CMA commander is responsible for the rules governing the transit of health care providers, quality of life service and support personnel, and facility maintenance personnel into and out of the CMA and will ensure no physical contact with Service members being monitored.

1. Controlled Monitoring Area (CMA) standards:

(1) Controlled monitoring installations, and by default, CMAs, will be located near and have access to a medical facility capable of detecting, protecting against transmission, isolating, and treating EVD.

(2) CMAs will consist of hard-stand facilities.

(3) CMAs will be capable of conducting: twice-daily temperature checks; medical screenings; controlled movement, and controlled access.

(4) CMAs will have a sick-call capability (dedicated room or facility) and the ability to immediately isolate personnel presenting symptoms of EVD.

(5) CMAs will be equipped and/or capable of providing quality of life services and support such as, but not limited to: dining capability, laundry capability/service, MWR activities, internet, PT area; etc. Cohort members will not be required to pay fees to use laundry, MWR, internet, PT facilities, etc.

(6) Controlled monitoring installation commanders, or their designated CMA commanders, will strictly control access to the CMA. These include transit of health care providers, quality of life service and support personnel, and facility maintenance personnel.

(7) To the maximum extent possible, CMAs will minimize cross-contact between established cohorts.

1. Controlled Monitoring of DoD civilian employees and contractors:

(1) DoD civilian employees and contractors who are deployed to or who have transited through the EVD outbreak area, are encouraged to participate in the 21-day controlled monitoring program.

(2) DoD civilian employees and contractors participating in the 21-day controlled monitoring program will be accommodated at the same standards as uniformed Service members.

(3) DoD civilian employees and contractors not participating in the 21-day controlled monitoring program will follow reference c and be identified to

the CDC. DoD civilians and contractors are not exempt from federal, state, and local public health laws governing their return from an EVD outbreak area.

m. Ebola virus disease symptomatic medical care at the CMA:

(1) If a person in controlled monitoring exhibits symptoms of EVD, they will immediately be removed from the cohort population, placed into sick call, and isolated until EVD trained medical personnel arrive.

(2) The installation or CMA commander will immediately contact EVD trained medical personnel and inform them of a possible symptomatic patient.

(3) As soon as possible, EVD trained medical personnel will transfer the symptomatic person to the nearest medical facility capable of detecting, protecting against transmission, isolating, and treating EVD. Patient isolation will be maintained during transport.

(4) If the symptomatic person tests positive for EVD, arrangements will be made to medically evacuate them as soon as possible to a national bio-containment unit (hospital) or, if necessary, to a DoD designated facility capable of providing bio-containment care as specified by National Institutes of Health and CDC.

(5) If a symptomatic person tests positive for EVD, the person's entire cohort will be evaluated for possible exposure by EVD trained personnel. The controlled monitoring installation commander, after conferring with Public Health/Preventive Medicine, the installation's senior medical officer, and infectious disease consultants, will determine if it is necessary to restart the 21-day controlled monitoring for all/selected members of the infected person's cohort.

n. Exception to 21-day controlled monitoring for certain personnel who transited the EVD outbreak area:

(1) Service members are classified exempt from DoD-controlled monitoring if their mission is transient in nature and they meet the following criteria:

(a) Limit their activity to airfield, port, and logistics support area operations; and,

(b) Limit close contact (3 feet or less) to only DoD-approved personnel being monitored twice-daily for symptoms of EVD; and,



(c) Have no contact with blood or bodily fluids from other individuals while in the EVD-affected country; and,

(d) Do not participate in the transport or care of individuals suspected of being exposed or infected with EVD; or, once DoD has the capability to transport individuals suspected of being exposed but are asymptomatic, those transporting and providing care during transport will be treated as transient if the individual(s) being transported remain asymptomatic; and,

(e) Use lodging, rest, hygiene, and dining facilities under DoD control.

(2) The Commander, USAFRICOM, and the Commander, Joint Force Command-UNITED ASSISTANCE (or Commander, USTRANSCOM, with regard to USTRANSCOM forces) may designate forces as transient in accordance with the above criteria.

(3) Service members meeting all of the above criteria will perform self-monitoring procedures (twice-daily temperature checks reported on a daily basis to their unit's designated medical provider) for 21 days commencing upon departure from the EVD outbreak area. Personnel reentering the EVD-affected area (e.g., aircrew on a subsequent mission) will recommence a new 21-day monitoring period upon departure from the EVD outbreak area.

(4) To ensure senior military and civilian officials with oversight responsibilities for operations in West Africa can immediately resume their duties upon return from the EVD affected area, those officials, and military personnel detailed to their staffs and accompanying them on approved travel in West Africa, are exempt from controlled monitoring except as outlined below. Any activity (excluding training and demonstrations) requiring the donning of PPE will subject any member of DoD to controlled monitoring regardless of rank or position.

(a) Senior military officials and military personnel detailed to their staff and the staffs of senior civilian officials will perform self-monitoring procedures (twice-daily temperature checks reported on a daily basis to their unit's designated medical provider) for 21 days commencing upon departure from the EVD outbreak area. Senior DoD civilian officials will comply with OSD guidance (reference c) and are subject to CDC monitoring guidance and state and local public health restrictions.

(b) All Distinguished Visitors (i.e., senior military and civilian personnel) must comply with the Commander, USAFRICOM, policy on distinguished visitor/visitor travel to destinations within the Operation UNITED



ASSISTANCE Joint Operations Area. The Commander, USAFRICOM, or his designee is the approval authority for all travel to the JOA, a decision based on proposed itinerary and impact to ongoing operations.

(c) Prior to departure from the EVD outbreak area, all military personnel, and DoD Civilians, regardless of rank, will be screened for risk per guidelines in this instruction and in accordance with Reference c.

(d) All senior military and civilian personnel shall perform prudent risk assessment and adjust proposed visits and itineraries as necessary to limit risk of exposure.

o. Emergency leave:

(1) Emergency leave for DoD members in an EVD affected area may be granted for emergency situations involving only immediate family as defined by the individual Service member's Service policy.

(2) Emergency leave may be granted for the following:

(a) A member of the immediate family has died.

(b) The Service member's presence would contribute to the welfare of a dying member of the immediate family.

(c) Serious illness of an immediate family member imposes a demand on the Service member that must be met immediately and cannot be accomplished from the duty station or by any other means.

(d) The Service member's failure to return home places a severe or unusual hardship on the Service member or their immediate family.

(3) The Commander, Operation UNITED ASSISTANCE (or his designated O-6 or higher), is the emergency leave approving authority for forces assigned to OUA.

(4) The first General or Flag officer (GO/FO) (or his/her designated O-6 or higher) in a Service member's chain of command is the emergency leave approving authority for all other OCONUS forces deployed to the EVD affected area.

(5) For OCONUS Service members undergoing 21-day controlled monitoring at an OCONUS CMA; the Service member's unit commander is the emergency leave approving authority with concurrence of the CMA commander.

(6) For CONUS Service members undergoing 21-day controlled monitoring at a CONUS CMA, the Service member's unit commander is the emergency leave approving authority with concurrence of the CMA commander.

(7) A medical professional must medically clear the Service member prior to his/her departure on emergency leave.

(8) Commercial travel is authorized for emergency leave. In the event MILAIR is required, the commander approving emergency leave will coordinate with the transit and receiving GCC for reception, monitoring, life support, and onward movement support.

(9) Commanders are encouraged to authorize the minimum amount of time required—not to exceed 30 days—for emergency leave.

(10) Service members will perform self-monitoring procedures (twice daily temperature checks) and report results daily to:

(a) If on emergency leave from OCONUS: the Service member will report daily results to his/her home-station unit commander.

(b) If on emergency leave from a CMA in CONUS: the Service member will report daily results to the CMA commander from which he/she departed for leave in order to maintain continuity of medical records.

(11) If Service members' emergency leave ends prior to the end of his/her 21-day controlled monitoring, the Service members are required to return to the CMA from which he/she departed on emergency leave in order to complete the 21-day controlled monitoring period.

(12) Commanders have the option of assigning a "battle buddy" to accompany the Service member going on emergency leave if necessary.

(13) Before authorizing emergency leave, commanders and Service members must assess the impact of federal, state, and local restrictions on individuals returning from EVD affected countries on their ability to take emergency leave.

(14) If the Service member's emergency leave destination is other than CONUS, the approving commander will contact the receiving GCC before emergency leave is authorized. This coordination assists in facilitating notification to and approval from the appropriate Embassy Chief of Mission, while also assessing the impact of any host-nation travel restrictions on individuals returning from EVD affected countries.



(15) If the Service member's emergency leave destination is in the U.S. Pacific Command (USPACOM) Area of Responsibility (AOR), the approving commander will contact USPACOM before emergency leave is authorized.

7. Summary of Changes. None.

8. Releasability. UNRESTRICTED. This directive is approved for public release; distribution is unlimited on NIPRNET. DOD Components (to include the combatant commands), other Federal agencies, and the public, may obtain copies of this directive through the Internet from the CJCS Directives Electronic Library at [http://www.dtic.mil/cjcs\\_directives](http://www.dtic.mil/cjcs_directives) JS activities may also obtain access via the SIPR directives Electronic Library websites.

9. Effective Date. This INSTRUCTION is effective as of 7 November 2014 and applies to personnel departing the EVD outbreak area on or after that date.

  
MARTIN E. DEMPSEY  
General, U.S. Army

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